

MERCK FROSST RESEARCH –  
KEEPING THE PRESSURE UP  
TO BRING BLOOD PRESSURE DOWN

DIURIL

furosemide

ALDOMET

methyldopa

BLOCADREN

labetalol

MODURET

moduretic (furosemide) capsules 100 mg

VASOTEC

enalapril maleate

MERCK FROSST CANADA INC.

*A leader in antihypertensive therapy*

PAAB

Trademark Merck & Co., Inc. Merck Frosst Canada Inc., R.U.  
NST-89-CDN-1514-JA



LEFT DEPRESSION



WITH FEW SIDE EFFECTS

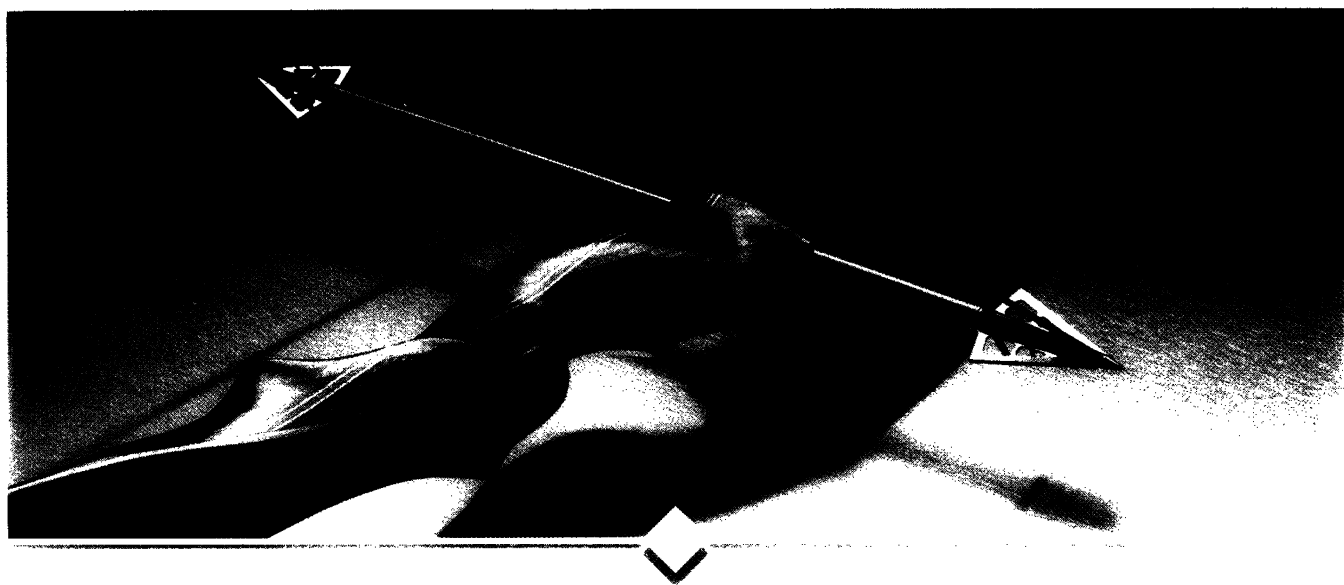


AND BRING THE COLOUR BACK TO LIFE

RECOVERING

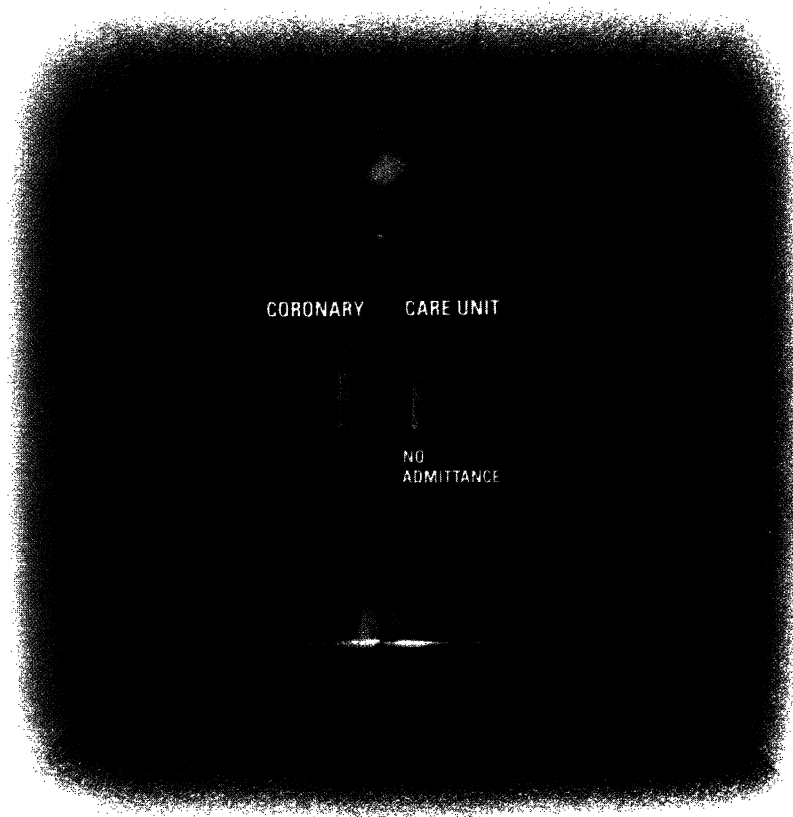
FROM DEPRESSION  
WITH FEW SIDE EFFECTS  
AND BRING THE COLOUR BACK TO LIFE

Your  
injectable  
H<sub>2</sub> antagonist shouldn't  
be too antagonistic.



**Zantac**  
(RANTIDINE HCl)  
To be sure

# KNOWING THE CONSEQUENCES OF CHF, CONSIDER EARLY INTERVENTION.



## How important is early intervention in CHF\*?

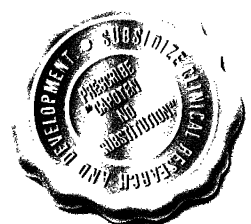
Capoten offers consistent and significant improvements in exercise tolerance and NYHA functional class. Capoten offers functional cardiovascular benefits including the reduction of potentially life-threatening arrhythmias, as well as the correction of electrolyte imbalances, and the possible attenuation of left ventricular enlargement.

**Given these benefits, can you ever act too soon?**

Innovators  
in Cardiovascular  
Medicine



Active ingredient: captopril  
Kabi Pharmacia Inc.



\*Patients who do not respond adequately to treatment should be monitored by a physician and treated accordingly.

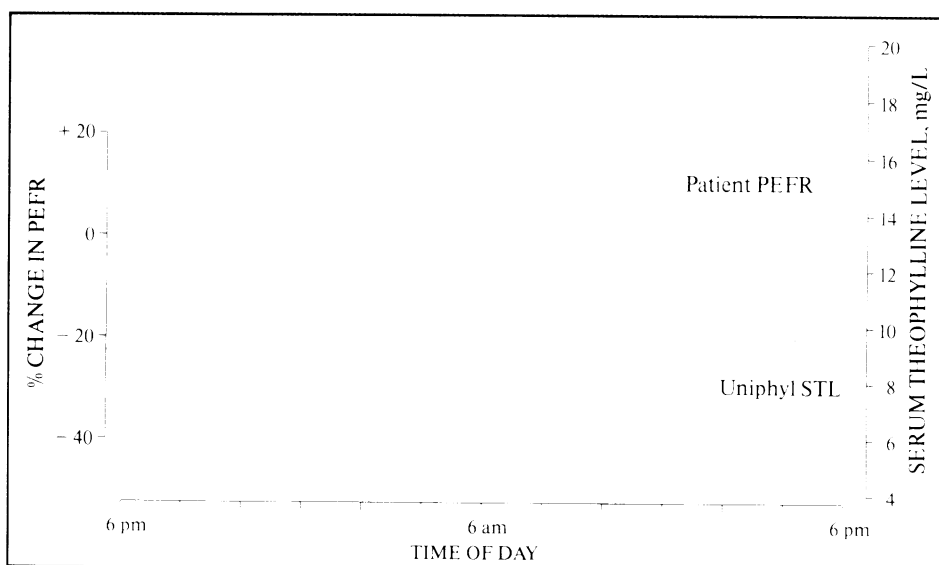
# People Used to Believe

People used to believe that asthma was best treated with medications that provided flat theophylline levels.

Timing the peak theophylline levels to the time of the patient's greatest need is becoming recognized as providing greater stabilization of the airways than seen with conventional, flat serum theophylline levels.

UniphyI administered in the evening, provides maximum theophylline levels in the early morning hours, and more effective asthma control for a full 24 hours.<sup>1</sup>

Clinical trials showed that with UniphyI the patients' FEV<sub>1</sub> measurements were better in the morning, and significantly more stable throughout the day, than with a twice-daily theophylline preparation.<sup>1,2</sup>

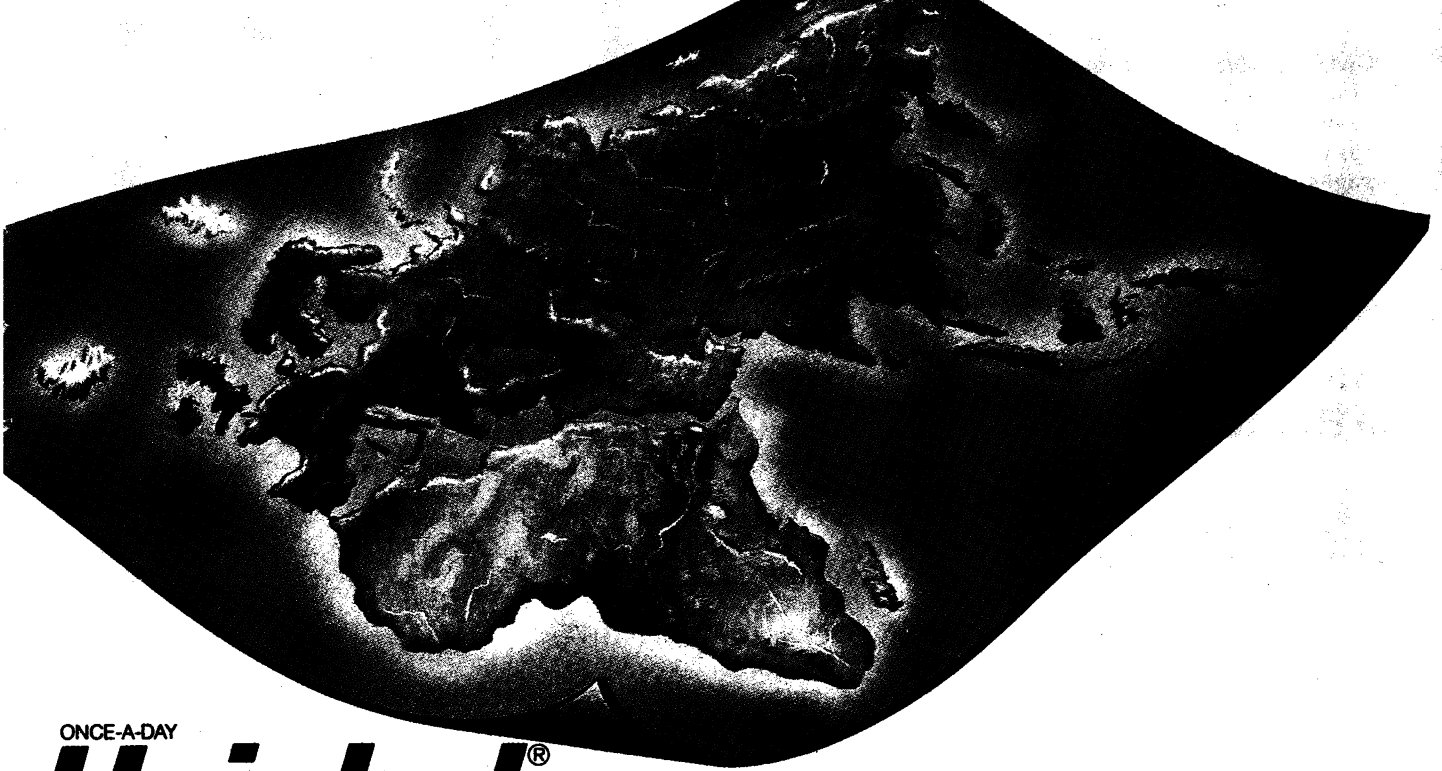


Asthma patients have reduced airflow at night and in the early morning;<sup>3</sup> UniphyI can provide greater serum theophylline levels at this time.<sup>1</sup>

Most patients should take once daily UniphyI with, or shortly following, the evening meal.

(Adapted from Arkinstall et al.<sup>1</sup> and Barnes et al.<sup>3</sup>)

# The World Was Flat



ONCE-A-DAY

## **Uniphyl**<sup>®</sup>

*Theophylline sustained release tablets*

More effective control 24 hours a day.<sup>1,2</sup>

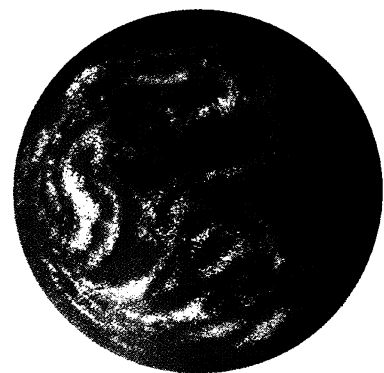
Studies comparing Uniphyl administered in the evening to a conventional 12-hour, sustained-release theophylline, showed that:

- Uniphyl produced greater stabilization of airway function.<sup>1</sup>
- Uniphyl improved spirometry and symptoms.<sup>1,2,4</sup>
- There was a smooth transition from the twice-daily theophylline preparation.<sup>4</sup>

Patients preferred Uniphyl's 24 hour control.<sup>1,2,4</sup>

- When 197 asthmatics were transferred to Uniphyl, from twice-daily theophylline preparations, 155 (78.7%) said they would prefer to continue taking Uniphyl.<sup>5</sup>

Round out your asthma therapy with Uniphyl.  
More effective control 24 hours a day.



Purdue Frederick Inc.  
Toronto, Canada

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M4A 1A9



For prescribing information see page 336

CHOLESTEROL CONTROL

THE MOST  
COMMON  
SIDE EFFECT  
FROM TAKING  
QUESTRAN\*  
CAN BE  
FOUND  
ON PAGE

296

An anti-arthritis with more





than strength on its side.

## ***Ansaid***

---

### Well-Tolerated Strength.

Highly effective, with a minimum of adverse reactions.<sup>1,2,3,4</sup>

That's what Ansaid can offer your arthritic patient.

Even at maximum dosage, Ansaid exhibits few adverse effects.<sup>4,5,6</sup>

And its elimination appears to remain unaltered by age.<sup>7,8</sup>

In fact, the elderly appeared to tolerate Ansaid as well as younger patients, in a five year study of 1220 patients.<sup>8</sup>

## ***Ansaid***

---

### Rapid Strength.

Ansaid's tolerability however, doesn't compromise its strength.

Ansaid has a rapid onset of action for fast, effective relief of arthritic pain.<sup>9,10</sup>

Providing efficacy equal to indomethacin, naproxen and diclofenac.<sup>1-5,11</sup>

So when you need to get tough with arthritis, without being tough on your patient, consider Ansaid.

***Ansaid***<sup>®</sup> 50 mg  
100 mg  
Tablets  
(flurbiprofen) **More Than Strength.**

8801 REGISTERED TRADEMARK ANSAID C 0970

**Upjohn**

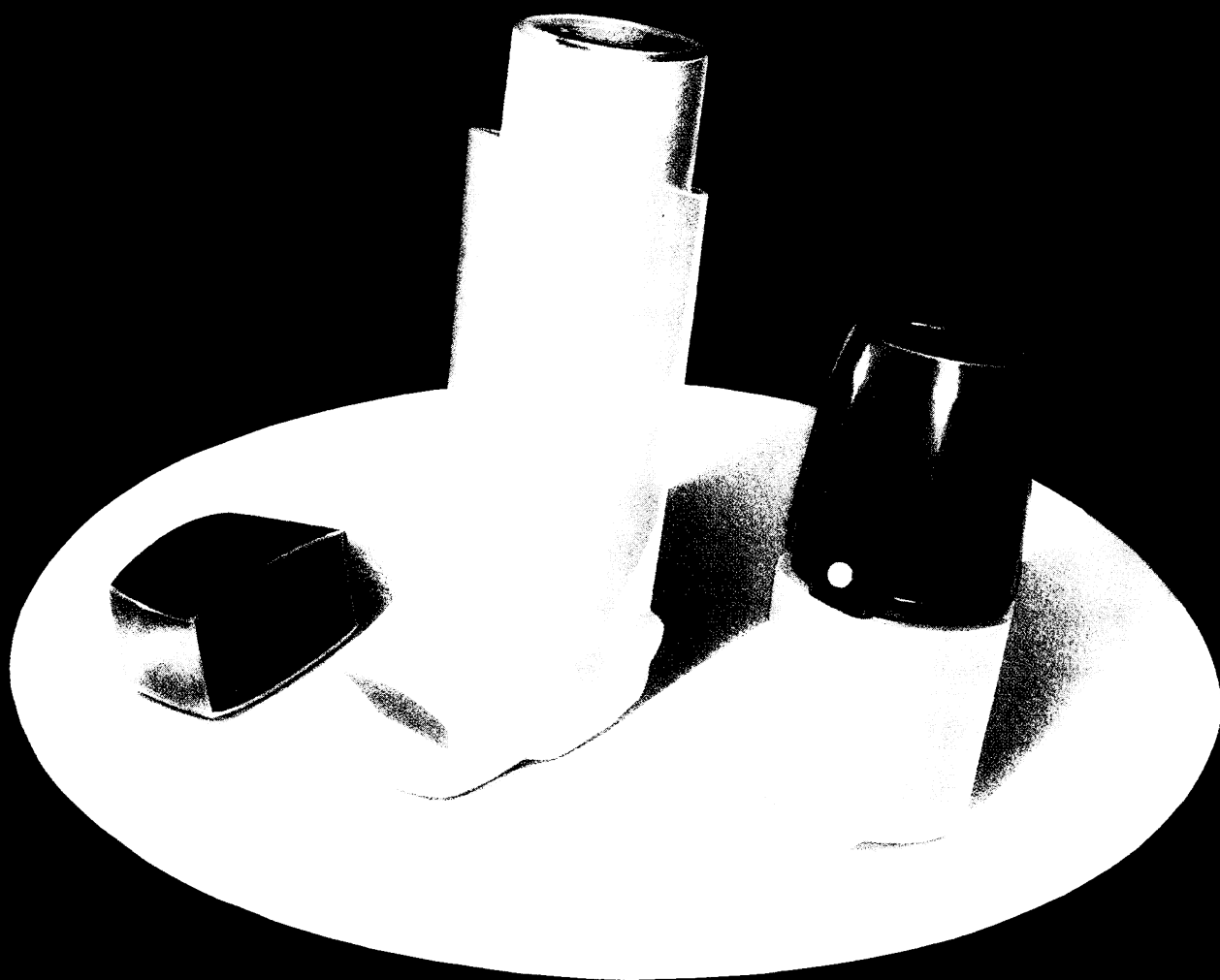
THE UPJOHN COMPANY OF CANADA  
865 YORK MILLS ROAD/DON MILLS, ONTARIO

PMAC

PAAB  
CCPP

For prescribing information see page 332

What's the difference  
between Ventolin<sup>®</sup> Inhaler  
and Ventolin Rotacaps<sup>®</sup>?



# If you are disturbed by this ad, imagine how the incontinent feel.

For the incontinent person, indignity and embarrassment is a daily occurrence. Of the estimated one million Canadians who suffer from it, only one in twelve seeks help. The incidence of incontinence increases each year as the population ages.<sup>1,2</sup>

## *Ditropan helps*

Ditropan helps, because it is specifically indicated for relief of symptoms associated with reflex and uninhibited neurogenic bladder, the most common form of neurogenic bladder seen in clinical practice.<sup>3,4,5,6,7</sup>

## *Ditropan is unique*


The unique dual action (neurotropic and musculotropic) of Ditropan produces the four bladder responses most desired when treating the neurogenic bladder:

- increased bladder capacity
- diminished frequency of bladder contraction
- delayed initial desire to void
- local anesthetic/analgesic effect<sup>4</sup>

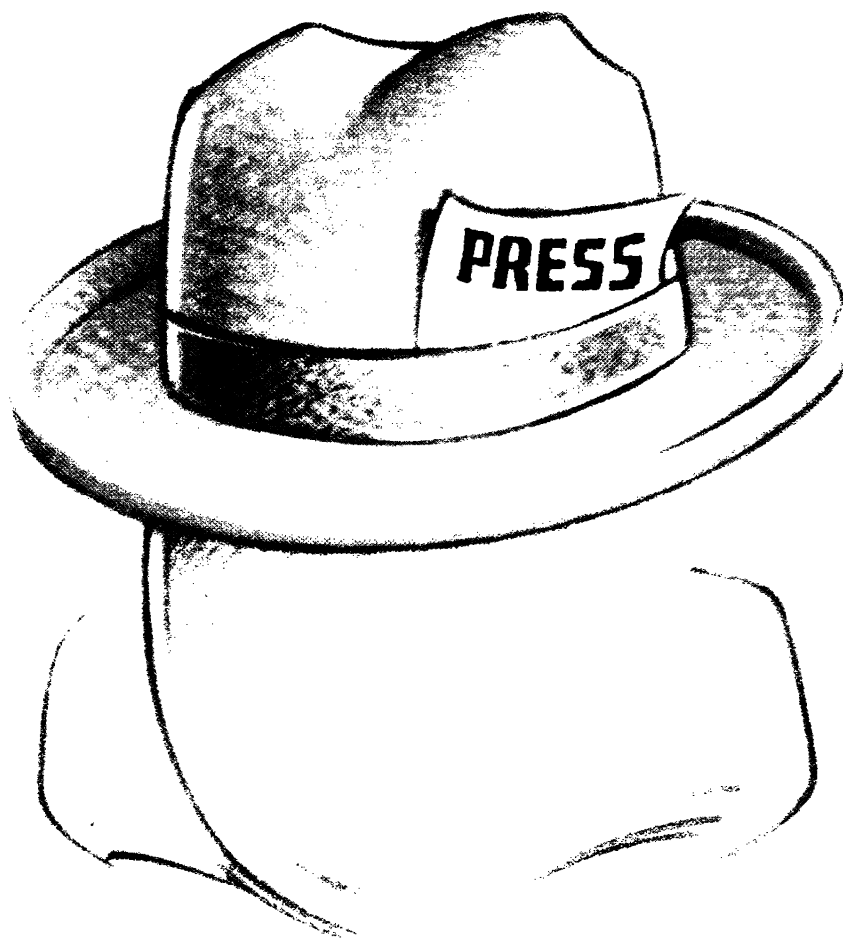
Ditropan can be used effectively to treat enuresis as well as incontinence, due to reflex or uninhibited neurogenic bladder, in all age groups over five years of age.<sup>8</sup>

EXCLUSIVELY  
DISTRIBUTED BY  
Helping You Help

**Norwich Eaton**  
Norwich Eaton Pharmaceuticals Inc.  
A Pfizer & Cample Company  
Toronto, Ontario M2R 6G6

 **NORWICH EATON  
UROLOGICALS**  
1-800-367-2222

# TOPICAL NEWS



First reports from a reliable source are offering comforting news for rhinitis sufferers.

Beconase Aq. was shown to be more effective in relieving nasal symptoms than a leading oral anti-histamine; astemizole.<sup>1</sup>

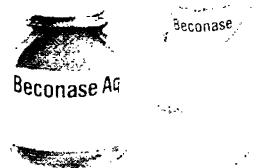
In an earlier development, terfenadine was shown to be

less effective than Beconase<sup>®</sup> at easing nasal symptoms, when the pollen count was high.<sup>2</sup>

Evidence that neither oral anti-histamine offers more relief of seasonal or perennial rhinitis than Beconase Aq.

**BECONASE Aq.<sup>®</sup>**  
A SPRAY FOR ALL SNEEZONS.

dibenzylmethanone dimorpholone 2,2,2-trifluoroethyl methacrylate diphenyl ether 1,4-dioxane



constipation.

**A**fter 20 years of clinical use, it's reassuring to know that the most common adverse reaction to non-systemic Questran\* (cholestyramine resin) is mild constipation.

In the majority of cases, this is transient and easily treated

with fruit, fibre and fluids.

Knowing what to expect is one of the reasons why the U.S. National Heart, Lung and Blood Institute named Questran\* as a drug of first choice in the treatment of elevated cholesterol.<sup>1</sup>

Because of its non-systemic

action, there are virtually no pharmacologic effects on vital body organs such as liver, eyes and muscles.

Which means generally well tolerated, effective treatment when long-term patient therapy is needed.



**Questran**

YOUR FIRST COURSE AFTER DIET.

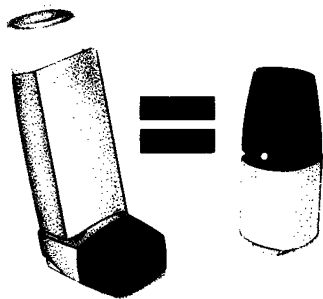
1. National Cholesterol Education Program, coordinated by the National Heart, Lung and Blood Institute. NIH publication No. 88-2926. November 1987.

\*TM Authorized User For prescribing information, see page 329.

# The pres

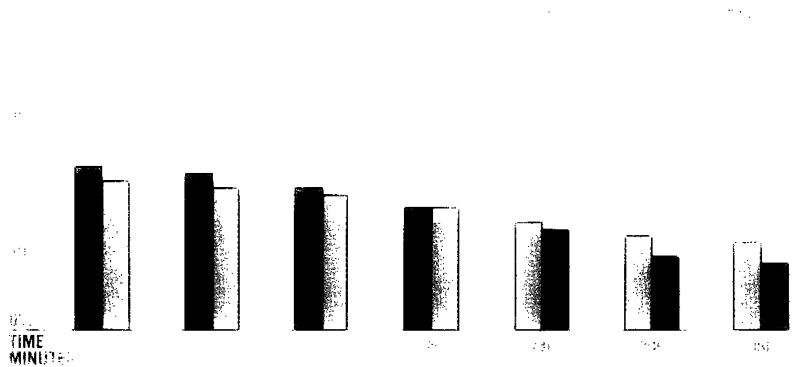
Which form of Ventolin<sup>®</sup> your patient receives depends on your judgement of which form works best for that individual.

*Ventolin<sup>®</sup>  
Inhaler*



Equivalent doses of Ventolin<sup>®</sup> can be given by either the oral or inhaled route.

Figure 1: Equivalent doses



For the purpose of this study, the time taken for Ventolin to reach the lungs was measured in minutes.

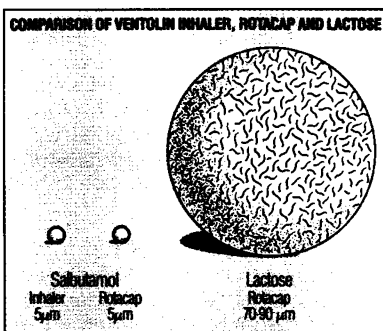
For the purpose of this study, the time taken for Ventolin to reach the lungs was measured in minutes. The time taken for Ventolin to reach the lungs was measured in minutes. The time taken for Ventolin to reach the lungs was measured in minutes.

# criptions.

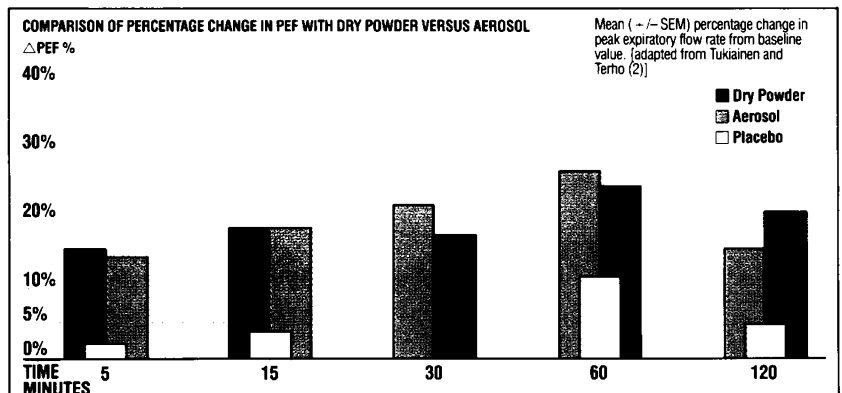
Rx

*Ventolin  
Rotahaler &  
Rotacaps*

Because Ventolin is Ventolin.



Light, small Ventolin particles are carried deep into the lungs. Heavier lactose particles in Rotacaps are deposited largely in the mouth and pharynx.<sup>5</sup>



Patients with low inspiratory flow can use a Rotahaler<sup>®</sup> successfully because of its low resistance to airflow.

Ventolin Rotacaps and Rotahaler are as effective as Ventolin Inhaler, without

depending on hand-breath coordination, reducing your concern of lowered efficacy due to poor inhaler technique.

PAAB  
Product Monograph  
available upon request.

**Glaxo**  
Glaxo Canada Inc.

For prescribing information see page 335

# FOR HYPERTENSIVE PATIENTS UNABLE TO TOLERATE BETA-BLOCKER THERAPY



## The “EARLY MORNING BLAHS”<sup>†</sup>

**When adverse effects of beta blockade  
affect performance<sup>1</sup>...**

N.B. The incidence of specific adverse effects among beta blockers may vary.

<sup>†</sup> Certain CNS effects such as depression, insomnia and nightmares sometimes associated with beta blockers.

1. Kaplan, N.M.: Systemic Hypertension Therapy *in* Heart Disease: A Textbook of Cardiovascular Medicine, ed. E. Braunwald, Philadelphia, W.B. Saunders Company, 3rd ed., Vol.1, pp 874-875, 1988.



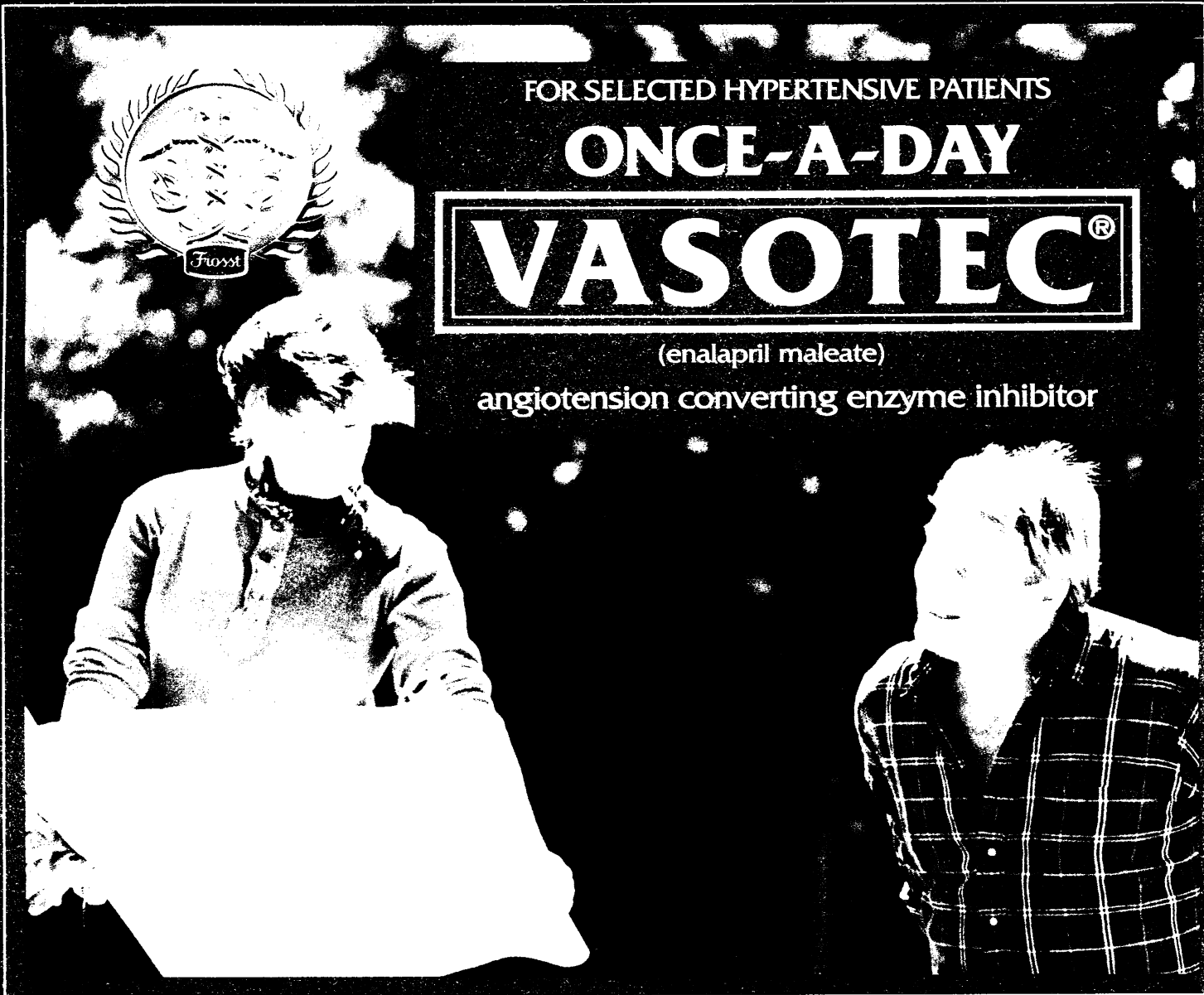
FOR SELECTED HYPERTENSIVE PATIENTS

ONCE-A-DAY

**VASOTEC®**

(enalapril maleate)

angiotension converting enzyme inhibitor



## IT MAY CHANGE THE WAY YOUR PATIENTS FEEL ON ANTIHYPERTENSIVE THERAPY

VASOTEC® (enalapril maleate) is contraindicated in patients who are hypersensitive to this product.

Angioedema has been reported in patients treated with VASOTEC® (enalapril maleate). Angioedema associated with laryngeal edema and/or shock may be fatal. If angioedema occurs, VASOTEC® should be promptly discontinued and the patient should be observed until the swelling subsides. Where swelling is confined to the face, lips and mouth the condition will usually resolve without further treatment, although antihistamines may be useful in relieving symptoms. These patients should be followed carefully until the swelling has resolved. However, where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, subcutaneous adrenaline (0.5 mL 1:1000) should be administered promptly when indicated.

Symptomatic hypotension has occurred after administration of VASOTEC®, usually after the first or second dose or when the dose was increased. It is more likely to occur in patients who are volume depleted by diuretic therapy, dietary salt restriction, dialysis, diarrhea, or vomiting. In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia, and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision, usually in a hospital. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased.

Discontinue therapy with a beta blocker only in accordance with the recommendations in the prescribing information for that product.

PAAB

FOR PRESCRIBING INFORMATION PLEASE SEE FOLLOWING PAGES.

RNT-(88)-89-CDN-1376-JA-F

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*Frosst*

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## **Ludiomil**® tablets

(maprotiline hydrochloride)

Antidepressant

**Indications and Clinical Uses:** Endogenous depressive illness, including the depressed phase of manic-depressive illness (bipolar depression) psychotic depression (unipolar depression) and involutional melancholia. Also useful in selected patients suffering severe depressive neurosis.

**Contraindications:** Known or suspected convulsive disorders, since it is known to lower the seizure threshold.

History of hypersensitivity to the drug.

Existing severe hepatic or renal damage.

History of severe blood dyscrasias.

Narrow angle glaucoma.

Acute recovery phase following myocardial infarction in the presence of acute congestive heart failure.

Should not be used concomitantly with monoamine oxidase inhibitors. At least fourteen days should elapse between the time of discontinuing one of the interacting drugs and replacing it with the other.

Not recommended for use in children.

**Warnings:** Use extreme caution when LUDIOMIL is given to patients with a history of cardiovascular disease, those with circulatory liability and elderly patients, as tricyclic and tetracyclic antidepressants, particularly in high doses, have been reported to produce arrhythmias, sinus tachycardia, and prolongation of conduction time. A few instances of unexpected death in patients with cardiovascular disorders and myocardial infarction and stroke have been reported. In such cases initiate treatment as low doses with progressive increases only if required and tolerated and patients should be under close surveillance at all dosage levels. Use with caution in hyperthyroid patients or those on thyroid medication. Potentiation of the cardiovascular effects of norepinephrine and adrenaline may occur. Use with caution in patients receiving guanethidine or similar antihypertensive agents, since it may block the effects of these drugs.

Seizures have been reported in patients without a known history of seizures who were treated with LUDIOMIL at therapeutic dose levels. In some other confounding factors such as concomitant medications known to lower seizure threshold were present. The risk of seizures might be reduced by initiating therapy at low dosage. Because of the long half-life (51 hours), initial dosage should be maintained for 2 weeks before being raised gradually in small increments. Concurrent administration of ECT and maprotiline may be hazardous.

Use with caution in patients with increased intraocular pressure or history of urinary retention, particularly in the presence of prostatic hypertrophy. Close supervision and careful adjustment of dosage is required when administering LUDIOMIL with anticholinergic or sympathomimetic drugs because of the possibility of additive effects.

An activation of psychosis has occasionally been observed in schizophrenic patients administered tricyclic antidepressants and must be considered a possibility when administering LUDIOMIL.

Hypomanic or manic episodes in patients with cyclic disorders have been known to occur during treatment of a depressed phase with a tricyclic antidepressant. Should this occur, a reduction in the dosage of LUDIOMIL, discontinuation of the drug, and/or administration of an antipsychotic agent may be required.

**Use in Pregnancy and Lactation**

Not recommended in pregnancy or lactation as safety has not been established. Maprotiline passes into breast milk.

**Precautions:** The possibility of suicide in seriously depressed patients is inherent in their illness and may persist until significant remission occurs. Therefore, patients must be carefully supervised during all phases of treatment with LUDIOMIL (maprotiline) and prescriptions should be written for the smallest amount consistent with good management.

Patients should be warned that, while taking LUDIOMIL, their responses to alcoholic beverages or other CNS depressants may be exaggerated. Patients should also be cautioned against driving an automobile, operating heavy machinery or performing potentially dangerous tasks that require mental alertness and good physical coordination. Particularly in patients with heart diseases, as well as in elderly subjects, cardiac function should be monitored and ECG examinations performed during long-term treatment with high doses. Regular measurements of the blood pressure are called for in patients susceptible to postural hypotension. Periodic blood cell counts and liver function tests are recommended with prolonged therapy. Appropriate measures should be taken if constipation occurs, as tricyclic antidepressants may give rise to paralytic ileus, particularly in the elderly and in hospitalized patients. Prior to elective surgery, LUDIOMIL should be discontinued for as long a period as is clinically feasible. Keep out of reach of children and, if possible, dispense in containers with child-resistant safety closures.

**Adverse Reactions:** The most common adverse reactions reported with LUDIOMIL (maprotiline) are due to its anticholinergic, largely autonomic, effects which include: dry mouth, day sedation, vertigo, blurred vision, constipation, headache and nervousness.

The following adverse reactions have been reported either with LUDIOMIL or other similar tricyclic antidepressant drugs.

**Neurological:** Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors, peripheral neuropathy, extrapyramidal symptoms; myoclonus, seizures, alterations in EEG patterns, tinnitus.

**Behavioral:** Confusional states (especially in the elderly) with hallucinations, disorientation, delusions, anxiety, restlessness, agi-

tation, insomnia and nightmares; hypomania, mania, exacerbation of psychosis, decrease in memory, feelings of unreality, weakness and fatigue, drowsiness, dizziness, urinary frequency. **Autonomic:** Dry mouth and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation; paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract, perspiration, flushing.

**Cardiovascular:** Hypotension, hypertension, tachycardia, palpitations, arrhythmia, heart block, syncope, atrial flutter, reversible T-wave changes, Q-T prolongation and atypical ventricular tachycardia have been reported with LUDIOMIL. The following have been reported with tricyclic antidepressants: quinidine-like effect and other reversible ECG changes, such as flattening or inversion of T-waves, bundle branch block, depressed S-T segments, prolonged conduction time and astyole, arrhythmias, heart block, fibrillation, myocardial infarction, stroke and unexpected death in patients with cardiovascular disorders.

**Hematologic:** Bone marrow depression, agranulocytosis, eosinophilia, purpura and thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.

**Gastrointestinal:** Nausea or vomiting, anorexia, epigastric distress, diarrhea; bitter taste, stomatitis, abdominal cramps, black tongue, dysphagia, increased salivation, altered liver function.

**Endocrine:** Gynecomastia in the male, breast enlargement and galactorrhea in the female, increased or decreased libido, impotence, testicular swelling, elevation or depression of blood sugar levels, weight gain or loss.

**Allergic or toxic:** Skin rash, petechiae, urticaria, itching, photosensitization; (avoid excessive exposure to sunlight) edema (general or of face and tongue), drug fever, obstructive jaundice, nasal congestion.

**Dosage and Administration:** Individualize the dosage of LUDIOMIL (maprotiline) according to the requirements of each patient. Initiate treatment at the lowest recommended dose and increase gradually, noting carefully the clinical response and any evidence of intolerance. Keep in mind that a lag in therapeutic response usually occurs at the onset of therapy, lasting from several days to a few weeks. Increasing the dosage does not normally shorten this latent period and may increase the incidence of side effects.

**Initial Dosage: Adults:** 75 mg daily in two or three divided doses. Because of the long half-life of LUDIOMIL, this dosage should usually be maintained for two weeks. It may then be increased gradually in increments of 25 mg as required and tolerated, preferably by adding to the late afternoon or bedtime dose. The maximum recommended dose in outpatients is 150 mg daily, although doses up to 200 mg may be required in some patients. In the treatment of severely depressed hospitalized patients, a higher initial dose of 100 mg daily in two or three divided doses may be indicated. The usual optimal dose in these patients is 150 mg daily, but some patients may require up to 225 mg in divided doses. When these higher doses are used, it is essential to exclude a history of convulsive disorders.

**Elderly and Debilitated Patients:** In general, lower dosages are recommended for these patients. Initially, 10 mg three times daily is suggested, with very gradual increments, depending on tolerance and response, up to 75 mg daily in divided doses. A maintenance dose of 50 to 75 mg daily is usually satisfactory. Blood pressure and cardiac rhythm should be checked frequently, particularly in patients who have unstable cardiovascular function.

**Maintenance Dosage:** Keep at the lowest effective level. Continue medication for the expected duration of the depressive episode in order to minimize the possibility to relapse following clinical improvement. When a maintenance dosage has been established as described above, LUDIOMIL may be administered in a single daily dose at bedtime, provided such a dosage regimen is well tolerated. However, if the total daily dose exceeds 150 mg, it should be administered in divided doses.

**Availability:** Tablets of 10 mg: (maprotiline hydrochloride) round film-coated, cream coloured, slightly biconvex, engraved CIBA on one side and identification code "CO" engraved on the other. Tablets of 25 mg: (maprotiline hydrochloride) round film-coated, orange, slightly biconvex, engraved CIBA on one side and identification code "DP" engraved on the other.

Tablets of 50 mg: (maprotiline hydrochloride) round film-coated, dark orange, slightly biconvex, engraved CIBA on one side and identification code "ER" engraved on the other.

Tablets of 75 mg: (maprotiline hydrochloride) round film-coated, red-orange, slightly biconvex, engraved CIBA on one side and on the other side identification code "FS" engraved on each side of the score line.

Bottles of 100 and 500 tablets.

Product Monograph supplied on request.

#### References

- Awad, A.G., Do We Need New Antidepressants? *Annals RCPSC*, 18 (4): 333-338 (1985).
- Bottnner, P.A., A Clinical Double-Blind Comparison of Maprotiline and Amitriptyline in Depression, *Curr. Med. Res. Opin.* 3:634-641 (1976).
- Kielholz P. (Ed): Depression in Everyday Practice, An International Symposium, St. Moritz, Jan. 7-8, 1974. Berne, Huber, 1974, pp. 13-17.
- Grüter, W. and Pöckinger, W. Maprotiline. *Modern Problems of Psychopsychiatry*, 18:17-48 (1982).

**C I B A**  
Mississauga, Ontario L5N 2W5

PAAB  
CCPP

C-88065



# Living With Hypertension

Trandate (labetalol HCl) can help a wide spectrum of patients live with their condition.

Trandate is a unique single entity antihypertensive.

Not only will it spare the heart by blocking beta receptors, it also reduces peripheral vascular resistance through *vasodilation*.<sup>1</sup>

Prescribe Trandate for effective control of hypertension.

Trandate has no significant effect on cardiac output even during exercise<sup>2,3</sup> and a relatively low

incidence of side effects.



Glaxo Canada Inc.

 **TRANDATE**<sup>®</sup>  
labetalol HCl



# Welcome Back Coach!

*Wellbutrin* is an effective antidepressant with a stimulating effect on activity. Most patients are able to resume normal activities without excessive drowsiness.<sup>1,2,3</sup>

*Wellbutrin* can help you enjoy your nights once the placebo effect wears away sleep patterns.<sup>4</sup>

**WELLBUTRIN**  
bupropion hydrochloride  
tablets



**WELLBUTRIN**  
bupropion hydrochloride  
tablets

When it's important to be depressed, *Wellbutrin* is the answer.  
For prescribing information see page 328.